Department of Health Services, State of California
Sample Information Form
For Suspected Biological/Chemical/Radiological Terrorism Only

BCRTS #_____ (format: year+sequential number)

*Submitting person's name:	Last Name:	First Name:	Middle Initial:
*Submitting agency:			
*Agency street address:			
*State:	*Zip:	**Agency Case/ID #:**	
*Agency telephone number:		Fax number:	
e-mail:			
*Incident/Address/Location where sample collected:			
*Date/Time sample collected:			
*Is sample: Biological specimen? Yes? ☐ If yes;		Blood: ☐ Urine: ☐ Swab: ☐ Tissue: ☐ Other:	
Environmental sample? Yes? ☐ If yes;		How sample collected (wipe, air monitor, sweep, etc.):	
Sample amount: mL or grams		Sample description :	
Shipping Inst.: Infectious_____UN 2814 (H) or 2900 (A) Handling #602 Diagnostic_____UN 3373 (Handling #650)			
* Who (agency or individual) collected sample:			
*Name of DHS person authorizing submission & analysis, and under what authority:		Title:	Authority:
Authorizing person's telephone number:			
* Analysis Requested:			
* Person/Agency to whom report is to be issued:		Report Receiving Address or FAX:	
*** Date Sample Received:**	**Time Sample Received:**	**Lab(s) to analyze sample: 1. 2. 3.**	

Official FBI credible terrorism threat?	Yes? ☐ No? ☐ If yes;
Biological agent suspected?: Yes? ☐	What biological agent(s) suspected:
Chemical agent suspected?: Yes? ☐	What chemical agent(s) suspected:
Radiological agent suspected?: Yes? ☐	What radiological agent(s) suspected:
Testing Priority: Routine ☐ Emergency ☐	If emergency, the sample will be tested at the earliest possible time.
Contact person: Telephone number for report:	

Preliminary HazCat Field Testing?:		Yes? ☐ No? ☐ If yes;	
Agency that did field testing and telephone number:			
Tests:	Results:	Comments/Notes on testing:	
VOC			
pH			
Explosives			
Radiological		Survey meter type: Serial #: Cal. Date:	
Other:			

Biological Screening? Yes? ☐ No? ☐ If yes;	PCR ☐ Results:
	Culture ☐ Results:

Additional notes/comments:	
Is the remaining sample to be returned?:	Yes? ☐ No? ☐ If yes;
Contact Person Name:	Contact /FAX numbers for the arrangement of return:
Sample Return Address:	Special Handling Instructions:

Printed Name/Signature of person delivering sample:_____ _____

Printed Name/Signature of person accepting sample:_____ _____
(printed name) (Signature)

*Information is required for samples submitted for analysis; original form to accompany sample and chain of custody protocol.

Sample/aliquote released to:	Laboratory	Printed Name	Signature	Date	Time